



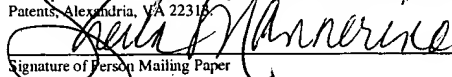
UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S) McGovern, et al. GROUP ART UNIT: 2683
APPLN. NO.: 09/822,605 EXAMINER: Miller, Brandon J.
FILED: 3/30/01
TITLE: SYSTEM AND METHOD OF ACHIEVING DYNAMIC CHANNEL
BANDWIDTH

Certificate of Mailing

Date of deposit: July 12, 2004

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Technology Center 2600

Sir:

Responsive to the Office Action dated 5/12/2004, Paper No. 6, and Examiner's comments with regard thereto, please reconsider the above-entitled application in view of the following remarks and arguments, without prejudice or disclaimer.

Listing of the Claims begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.



AF/2683

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/822,605
	Filing Date	3/30/01
	First Named Inventor	McGovern, et al.
	Group Art Unit	2683
	Examiner Name	Miller, Brandon J.
	Attorney Docket Number	CM03929H
Total Number of Pages in this Submission	9	

ENCLOSURES		(check all that apply)
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	RECEIVED JUL 20 2004 Technology Center 2600
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CDs	
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Valerie M. Davis	Registration No.	50,203
Signature	<i>Valerie M. Davis</i>		
Date	July 12, 2004		

CERTIFICATE OF MAILING			
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Typed or printed name	Sheila Mannerino		
Signature	<i>Sheila Mannerino</i>	Date	July 12, 2004